	PATENT APPLICATION FEE DETERMINATION RECO								lication or Docket Number					
_	PAIENI	RD		09/	170	1131	7/2							
CLAIMS AS FILED - PART I							SMA	LLE	ENTITY		OTHER	THAN		
اب	<u> </u>		(Column	<u>(1)</u>	(Column 2)			TYPE		OR	OTHER THAN SMALL ENTITY			
	OTAL CLAIMS				100 mg		R/	ATE	FEE	15	RATE	FEE		
	OR State		NUMBER	NUMBER FILED		NUMBER EXTRA		IC FE	E	OR	BASIC FEE	810		
TC	OTAL CHARGE	ABLE CLAIMS	3 mir	3 minus 20=				9=		OR	X\$18=			
	DEPENDENT C	<u> Andrewson and Antonio Services</u>	* *	/ minus 3 =				40=			X80=			
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT	RESENT		7			A Section 1	OR		A STATE OF THE STA		
• 11	White him to		35= TAL		OR	+270=								
100	If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II									OR	TOTAL	800		
1		(Column 1)	AMENDED				SMALL ENTITY C			OR	OTHER THAN OR SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	EST BER DUSLY	PRESENT EXTRA	RA	TE +	ADDI- TIONAL FEE	, j	RATE	ADDI- TIONAL FEE		
NON:	Total	**************************************	Minus	_ ••		=	X\$	9=	100 C	OR	X\$18=			
AME	Independent	NTATION OF MI	Minus DER	***	CI AINA	=	X4	0=		OR	X80=			
- P	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								4.	OR	+270=			
							+13 TO ADDIT.	OTAL			TOTAL			
		(Column 1) (Column 2) (Column 3)								J ~ · · · A	ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	### ## ###############################	HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE		
NON	Total	•	Minus	**		=	X\$	9= :		OR	X\$18=			
AME	Independent	-	Minus			=	X40)=		OR	X80=			
لثا	FIRST PRESE		+13	c										
:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						L	OTAL		OR	+270= TOTAL			
			ADDIT.		<u></u>	OR ,	ADDIT. FEE	L						
	en e	(Column 1) CLAIMS	- want since	(Colum		(Column 3)						·		
AMENDMENT C	riske.	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN	Total	•	Minus	**		=	X\$	9=	1 66	OR	X\$18=			
AME	Independent	•	Minus	***		=	X40				X80=			
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR	700-	<u> </u>		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+270=			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE			
1	he "Highest Num	nber Previously Paid	d For (Total or	Independe	ent) is the	highest number	found in t	he ap	propriate bo	x in col	iumn 1.			
												•		